FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18333	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Deborah J Berg	Name Screen Actors Guild, Inc.
I	Labor Organization File Number 000-113
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Blve.
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600
5. Position in labor organization. Senior Manager, Television Con	ntract

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in engaged in trans	actions (in-lastinal as a	
monetary value from an employer wh	ose employees your organi	, or derived income or other economic benefit of zation represents or is actively seeking to represent.
6. Name and address of Employer (including		7.a. Nature of Interest, Transaction, or Income.
Name Sony Television		10/8/04 Lunch with Helayne Antler Vice President Labor Relations
Trade Name, if any:		Amount not readily ascertainable
P.O. Box, Bldg., Room No., if any		
Street 10202 W. Washington Bly	ză	7.b. Amount.
	, u.	
City Culver City		
State California	ZIP Code + 4 90232	

Signature

15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sections)		f the law, that all of the information the signatory and is, to the best of the
Signed Albertal Allerg	On 08/15/2005 (323	3) 549-6833

Date

Telephone Number

For Official Use Only

E

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1. File Number U -	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Deborah J Berg	Name Screen Actors Guild, Inc.		
	Labor Organization File Number 000-113		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Blve.		
City Los Angeles	City Los Angeles		
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600		

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

 A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization 	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Walt Disney Pictures and Television	5/20/04 Lunch with Corrinne Notkin VP Labor Relations Counsel
Trade Name, if any:	7/1/04 Lunch with Corrinne Notkin VP Labor Relations Counsel and Kevin Ellman of The
P.O. Box, Bldg., Room No., if any	Disney Channel 7/27/04 Lunch with Corrinne Notkin ANDROWY NOT REPORT HECERTAWNELL 7.b. Amount
Street 500 S. Buena Vista Street	
City Burbank	SE ABOVE
State California ZIP Code + 4 91521	

Signature

15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	וויסטל סמבוו	ments) has been eva	mined by the cignotons and is to the best of the
Signed allerah Aller	On	08/15/2005	(323) 549-6833
		Date	Telephone Number

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Name Deborah J Berg	Name Screen Actors Guild, Inc.		
	Labor Organization File Number 000-113		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Blve.		
City Los Angeles	City Los Angeles		
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600		
5. Position in labor organization. Senior Manager, Television Co	ntract		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizat	derived income or other economic benefit of cition represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name NBC Studios Inc. c/o Universal Television	8/3/04 Lunch with Steven Berkowitz VP Labor Relations, West Coast
Trade Name, if any:	Amount not readily ascertainable
P.O. Box, Bldg., Room No., if any	
Street 100 Universal City Plaza	7.b. Amount.
City Universal City	SEE ABOUE
State California ZIP Code + 4 91608	

Signature

Signature and verification. The undersigned declares, under penalty	of Perjury and other applicable r	penalties of the law, that all of the information	n
submitted in this report (including the information contained in any accomp	anving documents), has been exa	amined by the signatory and is, to the hest of	fthe
undersigned's knowledge and belief, true, correct, and complete. (See the	section on penalties in the instru	ictions.)	1110
. /7 /	•	•	
Signed What Make A			
Signed Comment of the State of	On 08/15/2005	(202) 540 6000	
Signed CC - CC / CC	ON 08/13/2003	(323) 549-6833	

Date

Telephone Number

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1. File Number U -

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2. Fiscal Year Covered From:

Amounts not readily ascertainable

E ABOUE

	1 1 2 2004 Milesugn: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Deborah J Berg	Name Screen Actors Guild, Inc.
	Labor Organization File Number 000-113
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Blve.
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600
5. Position in labor organization. Senior Manager, Television Co	ontract
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omenatory value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name American Film Institute	3/16/04 Lunch with Betsy Pollack

Signature

ZIP Code + 4 90027

7.b. Amount.

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 08/15/2005 (333) 549 6833			
On 08/15/2005 (323) 549-6833	Mehrael All	On 08/15/2005 (323) 549-6833	
Date Telephone Number		Date Telephone Number	

Trade Name, if any:

City

P.O. Box, Bldg., Room No., if any

Los Angeles

State California

Street 2021 N. Western Avenue

For Official Use Only

1. File Number U -

E

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1 / 1 / 2004 Through: 12 / 31 / 2004

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Name Deborah J Berg	Name Screen Actors Guild, Inc.	
	Labor Organization File Number 000-113	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Blve.	
City Los Angeles	City Los Angeles	
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600	
5. Position in labor organization. Senior Manager, Television Contract		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Paramount Pictures Corporation	3/10/04 Lunch with Ovette Slaughter-Bormann Senior Attorney-Employee Relations/Legal Services Amount not readily ascertainable	
Trade Name, if any:		

Signature

ZIP Code + 4 90038

7.b. Amount.

SEE ABOVE

Signed Mulicipal Signed	ak KKI	On	08/15/2005	(323) 549-6833	
			Date	Telephone Number	-

P.O. Box, Bldg., Room No., if any

Street 5555 Melrose Avenue

City Los Angeles

State California

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Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Deborah J Berg	Name Screen Actors Guild, Inc.
	Labor Organization File Number 000-113
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Blve.
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600

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 A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Warner Bros. Television Production Inc.	1/21/04 Lunch with Sam Wolfson-VP Labor Relations 5/18/04 Lunch with Sam Wolfson-VP Labor Relations
Trade Name, if any:	Amounts not readily ascertainable
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 300 Television Plaza	
City Burbank	SEE ABOVE
State California ZIP Code + 4 91505-1371	

Signature

15. Signature and verification. The undersigned declares, under penalty of Posubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section of the content of	30 0000	nante), hae baan ava	minod by the signature and in the state of the
Signed Whiteh Affers	On	08/15/2005	(323) 549-6833
		Date	Telephone Number

Form LM-30 (2003)

Name of Person Filing Deborah Berg	File Number U-
B. Held an interest in or derived income or economic benefit with monetary to substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business stirvely seeking to represent, or policyclivity and the second services of the se
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.